FIT NEGATIVE PATHWAY – FOR PATIENTS IN SECONDARY CARE

Greater Manchester Cancer

NHS Greater Manchester Integrated Care

This pathway should be used by Secondary Care ONLY. It is explicitly concerned with patients who are FIT <10µg with no IDA and/or no palpable mass and/or no obstructive symptoms (*EXCLUDES patients with FIT <10µg AND with persistent/recurrent anorectal bleeding who should receive a flexi-sig). *These may have been referred on a suspected LGI cancer referral (currently TWW) a FIT has been requested at the same time rather than results informing Primary Care Triage.

This form should be completed following review and discussion with the patient and saved within the patient notes.

***Where patients are discharged back to Primary Care, the following information should be communicated/discussed with them by an appropriately trained clinician:**

a. Reassurance to the patient that colorectal cancer has been excluded as possible diagnosis.
b. Advise the patient to be vigilant of similar signs and symptoms and others that are not normal for them. Safety netting advice should go alongside that e.g. losing weight, night sweats etc.…
c. Inform the patient that they are being referred to their GP for management with explanation why, informing them that a letter will be sent to their GP and them summarising this outcome with further advice.

There should be shared decision making with the patient around risks of colorectal cancer vs doing colonoscopy or imaging vs doing nothing.

CLINICIAN NAME: ____________________________

NHS Number________________________________

PATIENT NAME______________________________

Date FIT Test reported________________________

Date of Referral_____________________________

Rockwood Frailty score from TWW referral:

FIT Result_________µg/L (-VE= 0-9ug/L) **Hb**_________g/L (Female =115-165g/L / Male = 130-180g/L)

Ferritin________ug/L (15-200) **MCV**___________fL (80.0 – 100.0)

Protocol	Comments	Clinician signature	Date
Has the patient had a FIT result of <10µg WITH NO sign of IDA, no palpable abdominal mass or obstructive symptoms and no ongoing clinical concerns (e.g. unexplained weight loss)?			
Is there an immediate suspicion of another cancer rather than colorectal from initial referral information?			
Patient's colonoscopy history has been reviewed			
Patient referral information has been reviewed			
Face-to-face/telephone consultation has taken place			
Next steps discussed and confirmed with the patient			

Summary of next steps:

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1.Has the patient had a FIT result of <10µg WITH NO sign of IDA, no palpable abdominal mass or obstructive symptoms and no ongoing clinical concerns (e.g. unexplained weight loss) (EXCLUDES patients with FIT <10µg AND with persistent/recurrent anorectal bleeding who should receive a flexi-sig)

NO → 2. Remain on LGI 62-day pathway until colorectal cancer is excluded/treated

YES → 3. Is there an immediate suspicion of another cancer rather than colorectal from initial referral information?

YES → 4a. Patient should remain on the cancer pathway. Telephone consultation by an appropriately trained clinician to inform the patient that they are being referred to either:

a. the non-specific service, OR
b. an alternative, appropriate cancer specialty.

Reasons for change in pathway to be explained to the patient and letter sent to patient and GP summarising triage outcome.

NO → 4b. Trust to check and review patient's colonoscopy history.

5. Trust to arrange a Face to face/telephone* assessment/consultation with patient to check and confirm symptoms and verify referral information. Ensure appropriate assessment is done in accordance with patient presentation and available information. For example, a repeat examination might be required.
*Telephone consultation should take place with an appropriately trained clinician e.g. Consultant, Clinical Nurse Specialist or Endoscopy Nurse to explain the outcome of the triage.

Patient has same LGI symptoms as original presentation/referral

→ Has patient had CT Scan/Colonoscopy within last 3 years for the same symptoms?

- NO → Clinical judgement on best course of action e.g. investigate further with colonoscopy/CT scan and inform patient they are going to be further investigated on a routine pathway and why. An assessment should be made of the patients' risk of having another cancer. Refer patient to alternative cancer pathway if appropriate.
  → Outcomes of further investigations actioned accordingly e.g. referral to alternative Cancer Pathway or discharge as results and clinical judgement suggests.
- Yes → Was procedure complete? With adequate prep? With no concerns identified?
  - NO → Clinical judgement on best course of action (as above)
  - Yes → Discharge patient to Primary Care if management in this context is clinically appropriate and no internal referrals are required as indicated within this guidance*
    Primary care/GP to safety net as appropriate if discharged.

Patient has different symptoms to original presentation/referral

→ Clinical judgement on best course of action. Consider, for example:

- Abdo pain/weight loss related – CT AP scan or CTVC over colonoscopy
- CIBH – Colonoscopy, calprotectin
- Weight loss predominant – battery of tests e.g. coeliacs, CA125

→
- Remain on LGI Cancer pathway if symptoms are still suspicious of colorectal cancer diagnosis; OR
- Inform patient they are going to be further investigated on a routine pathway and why; OR
- Refer to alternative cancer pathway if symptoms suggest this is appropriate action e.g. gynae.

NO longer has LGI symptoms/symptoms resolved

→ Discuss with Patient <u>LOW</u> Concern of colorectal cancer*

→ Discharge patient to Primary Care
Primary care/GP to safety net as appropriate.

Document developed by the Cheshire and Mersey Cancer Alliance and adapted with permission for Greater Manchester.